

NHS MEDICAL POLICY

JOINT INJECTIONS PROCEDURE 2014-002

Intra-articular joint injections may be indicated when ALL the following are present:

The intended injection is NOT epidural spinal, facet joint or medial branch nerve block. 1 (For other spine injections, see other corresponding guidelines and policies.) 2 Member has had joint pain for at least 3 months. 3 Pain is likely to be due to a chronic degenerative process (e.g., osteoarthritis) in the affected joint based on history, location, physical examination, and imaging studies. Other causes of pain have been ruled out, treated or are less likely based on the above evaluation. 4 5 The injections are not used in isolation but are provided as part of a comprehensive pain management program, which may include physical therapy, patient education, psychosocial support and oral medication where appropriate. Conservative measures have not relieved the pain. 6 7 No coagulopathy or current use of anticoagulants or antiplatelet therapy is documented by the provider. The provider notes may describe a plan to address this issue or why it is not a contraindication. 8 If the affected joint is sacroiliac, ALL the following must also be documented: The member has had no more than one prior sacroiliac joint injection on the same side within the past two months. The member has had no more than 6 prior sacroiliac joint injections on the same side within the past year. Any prior sacroiliac joint injection in the same side was more than 7 days ago.

SOURCES

- 1. Anderson BC. Office Orthopedics for Primary Care: Diagnosis and Treatment, 2nd, WB Saunders, Philadelphia 1999.
- 2. Bigos S, Bowyer O, Braen G, et al. Acute low back problems in adults, Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research (AHCPR); December 1994.
- 3. Bollow M, Braun J, Taupitz M, et al. CT-guided intraarticular corticosteroid injection into the sacroiliac joints in patients with spondyloarthropathy: Indication and follow-up with contrast-enhanced MRI. J Comput Assist Tomogr. 1996;20(4):512-521.
- 4. Braun J, Bollow M, Seyrekbasan F, et al. Computed tomography guided corticosteroid injection of the sacroiliac joint in patients with spondyloarthropathy with sacroiliitis: Clinical outcome and followup by dynamic magnetic resonance imaging. J Rheumatol. 1996;23(4):659-664.
- 5. Deyo RA, Rainville J, Kent DL. What can the history and physical examination tell us about low back pain? JAMA 1992; 268:760
- 6. Falco FJ. Lumbar spine injection procedures in the management of low back pain. Occup Med. 1998;13(1):121-149.
- 7. Luukkainen RK, Wennerstrand PV, Kautiainen HH, et al. Efficacy of periarticular corticosteroid treatment of the sacroiliac joint in non-spondylarthropathic patients with chronic low back pain in the region of the sacroiliac joint. Clin Exp Rheumatol 2002; 20:52.
- 8. Maugars Y, Mathis C, Berthelot JM, et al. Assessment of the efficacy of sacroiliac corticosteroid injections in spondylarthropathies: A double-blind study. Br J Rheumatol. 1996;35(8):767-770.
- 9. Maugars Y, Mathis C, Vilon P, et al. Corticosteroid injection of the sacroiliac joint in patients with seronegative spondylarthropathy. Arthritis Rheum. 1992;35(5):564-568.
- 10. Schwarzer AC, Aprill CN, Bogduk N. The sacroiliac joint in chronic low back pain. Spine. 1995;20(1):31-37.
- 11. Steinberg GG, Seybold EA. Hip and pelvis. In: Orthopaedics in Primary Care, 3rd, Steinberg GG, Akins CM, Baran DT. (Eds), Lippincott Williams and Wilkins, Baltimore 1999.
- 12. Swezey RL. The sacroiliac joint. Nothing is sacred. Phys Med Rehabil Clin N Am. 1998;9(2):515-519, x.
- 13. Wittenberg RH, Steffen R, Ludwig J. [Injection treatment of non-radicular lumbalgia] Orthopade. 1997;26(6):544-552.
- Pelletier JP, Martel-Pelletier J. Protective effects of corticosteroids on cartilage lesions and osteophyte formation in the Pond-Nuki dog model of osteoarthritis. Arthritis Rheum 1989; 32:181.
- 15. Pelletier JP, Martel-Pelletier J. Cartilage degradation by neutral proteoglycanases in experimental osteoarthritis. Suppression by steroids. Arthritis Rheum 1985; 28:1393.
- 16. Milliman Care Guidelines, current version: Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG).
- 17. UpToDate.com was accessed Apr 15, 2016: Intraarticular and soft tissue injections; Joint aspiration or injection in adults: Technique and indications & Complications; Joint aspiration or injection in children: Indications, technique, and complications.

Proprietary and Confidential

CPT 27096, 27096 HCPCS G0260

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
02/26/2015	Reviewed by UM Committee (previously only sacroiliac injections)
03/20/2015	Update approved in UM committee (previously only sacroiliac injections)
12/16/2015	Annual Medical Policy review & approval (previously only sacroiliac injections)
	Revision to include all non-spine, intra-articular joint injections not covered in Milliman Care Guidelines
ľ,	This policy was previously called sacroiliac injections. It was updated to include all non-spine joint injections and still includes sacroiliac injections. The content
	about sacroiliac injections was not changed. All these injections are not
	addressed specifically enough in MCG. The policy number is the same. The title
09/14/2016	and content were updated.
09/12/2017	Annual review and approval by UM Committee
	Line 1 added: The intended injection is NOT epidural spinal, facet joint or
09/12/2018	medial branch nerve block.
09/12/2019	Annual review and approval by UM Committee
09/12/2020	Annual review and approval by UM Committee
09/10/2021	Annual review and approval by UM Committee
09/19/2022	Annual review and approval by UM Committee
08/23/2023	Annual review and approval by UM/QM Committee
08/23/2024	Annual review and approval by UM/QM Committee